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Date • September 20, 2005

Pages • 22

Time •

Transmit To • Commissioner for Patents

Company/Firm • Commissioner

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Fax No. • 571-273-8300

From • Christine C. Vito, Ph.D.

Phone • 617.261.3150

Secretary • Karen Boucher

Phone • 617.261.3283

Attorney No. • 5975

Client/Matter Name STK-081

Client ID/Matter No. • 0519290/0166

COMMENTS: U.S. Patent Application No. 10/081,163

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SEP 20 2005

TRANSMITTAL
FORM

| | |
|---------------------------|-------------------|
| Application Serial Number | 10/081,163 |
| Filing Date | February 20, 2002 |
| First Named Inventor | Chubinskaya |
| Group Art Unit | 1641 |
| Examiner Name | Gary W. Counts |
| Attorney Docket No. | STK-081 |
| Parent No. | Not applicable |
| Issue Date | Not applicable |

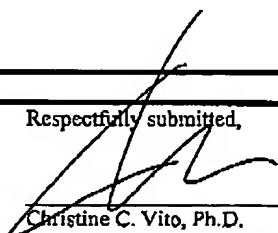
ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u>15</u>] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Request for Continued Examination |
|---|---|---|

CORRESPONDENCE ADDRESS

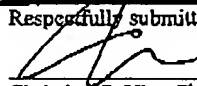
Direct all correspondence to: Patent Administrator
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Respectfully submitted,

 Date: September 20, 2005
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SEP 20 2005

| | | |
|------------------------------------|---------------------------|--------------------|
| FEE TRANSMITTAL FY 2005 | <i>Complete if Known</i> | |
| | Application Serial Number | 10/081,163 |
| | Filing Date | February 20, 2002 |
| | First Named Inventor | Chubinskaya et al. |
| | Group Art Unit | 1641 |
| | Examiner Name | Gary W. Counts |
| | Attorney Docket No. | STK-081 |

| METHOD OF PAYMENT | | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>Request for ex parte reexamination</td> <td></td> </tr> <tr> <td>120</td> <td>60</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>450</td> <td>225</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1020</td> <td>510</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1590</td> <td>795</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>2160</td> <td>1080</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>500</td> <td>250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>500</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1000</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>400</td> <td>400</td> <td>Petitions to the Commissioner (Gp. I)</td> <td></td> </tr> <tr> <td>200</td> <td>200</td> <td>Petitions to the Commissioner (Gp. II)</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Petitions to the Commissioner (Gp. III)</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>790</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td>790.00</td> </tr> <tr> <td>790</td> <td>395</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>100</td> <td>100</td> <td>Certificate of Correction for applicant's error</td> <td></td> </tr> <tr> <td>130</td> <td>65</td> <td>Submission of Terminal Disclaimer</td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td></td> <td></td> </tr> </tbody> </table> | | | | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 130 | 65 | Surcharge - late filing fee or oath | | 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | 130 | 130 | Non-English specification | | 2,520 | 2,520 | Request for ex parte reexamination | | 120 | 60 | Extension for reply within first month | | 450 | 225 | Extension for reply within second month | | 1020 | 510 | Extension for reply within third month | | 1590 | 795 | Extension for reply within fourth month | | 2160 | 1080 | Extension for reply within fifth month | | 500 | 250 | Notice of Appeal | | 500 | 250 | Filing a brief in support of an appeal | | 1000 | 500 | Request for oral hearing | | 400 | 400 | Petitions to the Commissioner (Gp. I) | | 200 | 200 | Petitions to the Commissioner (Gp. II) | | 130 | 130 | Petitions to the Commissioner (Gp. III) | | 180 | 180 | Submission of Information Disclosure Statement | | 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | 790.00 | 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | | 100 | 100 | Certificate of Correction for applicant's error | | 130 | 65 | Submission of Terminal Disclaimer | | Other fee (Specify) | | | | Other fee (Specify) | | | |
| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 65 | Surcharge - late filing fee or oath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Non-English specification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,520 | 2,520 | Request for ex parte reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | 60 | Extension for reply within first month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 450 | 225 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1020 | 510 | Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1590 | 795 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2160 | 1080 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500 | 250 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500 | 250 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1000 | 500 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 400 | 400 | Petitions to the Commissioner (Gp. I) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | 200 | Petitions to the Commissioner (Gp. II) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Petitions to the Commissioner (Gp. III) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | 180 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | 790.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | 100 | Certificate of Correction for applicant's error | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 65 | Submission of Terminal Disclaimer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721. <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. <input type="checkbox"/> Applicant claims small entity status. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. FILING/SEARCH/EXAM/SIZE FEES <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>500</td> <td>Utility search fee</td> <td></td> </tr> <tr> <td>200</td> <td>Utility exam fee</td> <td></td> </tr> <tr> <td>250</td> <td>Utility size fee (each add'l 50 pgs. over 100)</td> <td></td> </tr> <tr> <td>200</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>100</td> <td>Design search fee</td> <td></td> </tr> <tr> <td>130</td> <td>Design exam fee</td> <td></td> </tr> <tr> <td>250</td> <td>Design size fee (each add'l 50 pgs. over 100)</td> <td></td> </tr> </tbody> </table> | | | | Large Entity Fee (\$) | Fee Description | Fee Paid | 300 | Utility filing fee | | 500 | Utility search fee | | 200 | Utility exam fee | | 250 | Utility size fee (each add'l 50 pgs. over 100) | | 200 | Design filing fee | | 100 | Design search fee | | 130 | Design exam fee | | 250 | Design size fee (each add'l 50 pgs. over 100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 300 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500 | Utility search fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | Utility exam fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 250 | Utility size fee (each add'l 50 pgs. over 100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | Design search fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | Design exam fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 250 | Design size fee (each add'l 50 pgs. over 100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td>x \$ 50.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td>x \$200.00 =</td> <td></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Multiple Dependent Claim(s), if any </td> <td>\$360.00 =</td> </tr> <tr> <td colspan="3">TOTAL:</td> <td></td> </tr> <tr> <td colspan="3">SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="3">SUBTOTAL (1)</td> <td>(\$)</td> </tr> </tbody> </table> | | | | Number Filed | Number Extra | Rate | Amount | Total Claims | - 20 = | x \$ 50.00 = | | Independent Claims | - 3 = | x \$200.00 = | | <input type="checkbox"/> Multiple Dependent Claim(s), if any | | | \$360.00 = | TOTAL: | | | | SMALL ENTITY DISCOUNT: | | | | SUBTOTAL (1) | | | (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number Filed | Number Extra | Rate | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | - 20 = | x \$ 50.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | - 3 = | x \$200.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any | | | \$360.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SMALL ENTITY DISCOUNT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. AMENDMENT CLAIM FEES <table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>=</td> <td>=</td> <td>x \$ 50.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>=</td> <td>=</td> <td>x \$ 200.00 =</td> <td></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> First Presentation of Multiple Dep. Claim </td> <td>+ \$ 360.00 =</td> <td></td> </tr> <tr> <td colspan="3">TOTAL:</td> <td>(\$)</td> <td></td> </tr> <tr> <td colspan="3">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> <td></td> </tr> <tr> <td colspan="3">SUBTOTAL (2)</td> <td>(\$)</td> <td></td> </tr> </tbody> </table> | | | | Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid | Total | = | = | x \$ 50.00 = | | Indep. | = | = | x \$ 200.00 = | | <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | + \$ 360.00 = | | TOTAL: | | | (\$) | | SMALL ENTITY DISCOUNT: | | | (\$) | | SUBTOTAL (2) | | | (\$) | | SUBTOTAL (3) (\$ 790.00) SUBTOTAL (1) (\$) SUBTOTAL (2) (\$) SUBTOTAL (3) 790.00 TOTAL (\$ 790.00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indep. | = | = | x \$ 200.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | + \$ 360.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SMALL ENTITY DISCOUNT: | | | (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CORRESPONDENCE ADDRESS | | | | SIGNATURE BLOCK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Direct all correspondence to: Patent Administrator Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175 | | | | Respectfully submitted,  Date: September 20, 2005 Reg. No.: 39,061 Tel. No.: (617) 261-3150 Fax No.: (617) 261-3175 Christine C. Vito, Ph.D. Attorney for the Applicants Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Attorney Docket No. STK-081

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Chubinskaya et al.
SERIAL NO.: 10/081,163 GROUP NO.: 1641
FILING DATE: February 20, 2002 EXAMINER: Gary W. Counts
TITLE: Methods of Using Bone Morphogenic Proteins as Biomarkers for
Determining Cartilage Degeneration and Aging

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any document(s) referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile No. (571) 273-8300 on this 20th day of September, 2005.


Karen Boucher

Attached hereto is/are:

1. Transmittal Form (1 page);
2. Fee Transmittal Form (1 page);
3. copy of Fee Transmittal Form (1 page);
4. Amendment and Response (15 pages); and
5. Request for Continued Examination (2 pages).